



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/31/2006

Business ID: 541874

William M. Gardner

Secretary of State

ARZA CLEANERS INC

59 WINDHAM RD.

DERRY, NH 03038

ADDRESS OF PRINCIPAL OFFICE:

59 WINDHAM RD.

DERRY, NH 03038

REGISTERED AGENT AND OFFICE:

ARCILA, JORGE

59 WINDHAM RD

DERRY, NH 03038

ENTITY TYPE: CORPORATION

BUSINESS ID: 541874

STATE OF DOMICILE: NEW HAMPSHIRE

CLEANING SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. JORGE ARCILA

STREET 59 WINDHAM RD

CITY/STATE/ZIP DERRY NH 03038

V-PRES. ISABEL ISAZA

STREET 59 WINDHAM RD

CITY/STATE/ZIP DERRY NH 03038

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. ISABEL ISAZA

STREET 59 WINDHAM RD

CITY/STATE/ZIP DERRY NH 03038

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

JORGE ARCILA

Please print name and title of signer:

JORGE ARCILA

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529